

MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

ATTORNEYS AT LAW

1800 DIAGONAL ROAD, SUITE 370

ALEXANDRIA, VIRGINIA 22314

JOHN R. MATTINGLY
DANIEL J. STANGER
SHRINATH MALUR
CARL I. BRUNDIDGE

FREDERICK D. BAILEY
COLIN D. BARNITZ
GENE W. STOCKMAN
OF COUNSEL

JEFFREY M. KETCHUM
Registered Patent Agent

* Bar Membership Other Than Virginia

PATENT, TRADEMARK
AND COPYRIGHT LAW

FACSIMILE: (703) 684-1157

(703) 684-1120

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FACSIMILE COVER LETTER

Facsimile Number: 571-273-8300

To: Examiner R. Ananthanarayanan
Group Art Unit 2131, USPTO

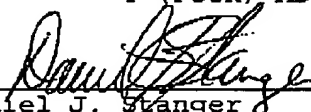
From: Mr. Daniel J. Stanger
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 09/987,817
Attorney Docket No.: TSM-16

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 TRANSMITTAL;
REPLY;
PETITION FOR THREE-MONTH EXTENSION OF TIME, AND
CREDIT CARD FORM INCLUDING \$1,820.00 IN PAYMENT OF
PETITION FOR THREE-MONTH EXTENSION OF TIME AND
4 (FOUR) ADDITIONAL INDEPENDENT CLAIMS.


Daniel J. Stanger
Reg. No. 32,846

October 6, 2005

Date

Total Number of Pages (including cover sheet): 24

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FORM PTO-1083

PATENT

Case Docket No. TSM-16

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In RE application of T. OWADA et al

Serial No.: 09/987,817

Group Art Unit: 2131

Filed: November 16, 2001

Examiner: R. ANANTHANARAYANAN

For: SYSTEM, METHOD AND APPARATUS FOR DISTRIBUTING DIGITAL CONTENTS,
INFORMATION PROCESSING APPARATUS AND DIGITAL CONTENT RECORDING
MEDIUMAssistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)			(COL. 2)		(COL. 3)	
	Claims Remaining After Amendment			Highest No. Previously Paid For		Present Extra
Total	21	Minus	21	=	0	
Indep.	10	Minus	6	=	4	
<input type="checkbox"/> First Presentation of Multiple Dependent Claims						

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 84	\$ 336
+ 280	\$ 0
Total	\$ 336

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.
- ☒ A check in the amount of \$ 1,820.00 is attached in payment of:
CREDIT CARD FORM FOR 3 MTH EXT & 4 ADDL INDEP CLMS.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

MATTINGLY, STANGER & MALUR, P.C.
1800 Diagonal Rd., Suite 370
Alexandria, Virginia 22314
(703) 684-1120By: Daniel J. Stanger
Registration No. 32,846
Attorney for Applicant(s)Date: October 6, 2005

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TSM-16

OCT 06 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

T. OWADA et al.

Serial No. 09/987,817

Group Art Unit: 2131

Filed: November 16, 2001 Examiner: R. ANANTHANARAYANAN

For: SYSTEM, METHOD AND APPARATUS FOR
DISTRIBUTING DIGITAL CONTENTS, INFORMATION
PROCESSING APPARATUS AND DIGITAL CONTENT
RECORDING MEDIUM

REPLY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

October 6, 2005

Sir:

In Reply to the Office Action mailed April 6, 2005,
please amend the above application as set forth below. A
Petition for a Three-Month Extension of Time accompanies this
Reply.

10/07/2005 TL0111 00000036 09987817

02 FC:1201

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